



Housing and Community Development
Human Services Division



Volunteer Data Form

Personal Data

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: Daytime _____ Evening _____

Email Address: _____

Birthday (Month and Day): _____ Social Security Number: _____

Sex: _____ Male _____ Female

Hobbies and Special Interests _____

Volunteers under eighteen (18) years of age must have consent from a legal guardian

Name of Legal Guardian: _____

Telephone Number: Daytime _____ Evening _____

Signature of Guardian: _____ Date: _____

Education

If you are under 18, list the school you attend: _____ Grade: _____

If you are over 18, list the schools you attend/attended

	<i>School</i>	<i>School</i>	<i>School</i>
Name			
Diploma/Degree			
Course of Study			

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Emergency Contact

In the event of an emergency, contact:

Name: _____ Relationship _____

Telephone Number: _____ Daytime _____ Evening _____

Position Data

Volunteer opportunity for which you are applying? _____

Did you receive a job description for this position? ____ Yes ____ No

How did you hear about this volunteer opportunity? _____

Days you are available to volunteer: _____
____ Monday ____ Thursday ____ Saturday
____ Tuesday ____ Friday ____ Sunday
____ Wednesday

Available Hours: _____

Desired Areas of Work: ____ Administration ____ Clerical Support ____ Direct Services**

** Population Desired: ____ Youth ____ Elderly ____ Families

What training, resources or support do you anticipate to do this volunteer work?

Signature _____ Date _____

For Official Use Only

Work Location: _____ Start Date: _____ End Date: _____

Orientation Date _____ Orientation Site _____

Volunteer Host Agency: _____

Supervisor's Name: _____

Completed form may be sent to:
Daphne Hicks, Volunteer Services Coordinator
DHCD – Human Services Division
417 E. Fayette Street, Room 1227
Baltimore, MD 21202 or
410-396-3362 (fax)